

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/589403**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
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39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					